

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

08/847967

FILING DATE

APPLICANT(S)

CLAIMS

	* <i>Amend A</i>		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5		1				
6						
7						
8		1		1		
9						
10		1		1		
11		1		1		
12						
13						
14						
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21		2		2		
22		2		2		
23		1		1		
24		1		1		
25						
26		1		1		
27						
28						
29		1				
30		2		2		
31		2		2		
32		2		2		
33		2		2		
34		2		2		
35		2		2		
36		2				
37						
38						
39						
40						
41						
42	1		1			
43		1		1		
44		2				
45		2		2		
46		2		2		
47		2		2		
48		2		2		
49		2		2		
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* <i>Amend A</i>		* <i>B</i>		* <i>C</i>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52		2		2		
53		2		2		
54		2		2		
55		2		2		
56		2		2		
57		2				
58		2		2		
59		2		2		
60		2		2		
61		2				
62		2				
63		2				
64		2		2		
65		2		2		
66		1		1		
67		2		2		
68	1		1			
69		1		1		
70	1	2	1			
71		1		1		
72	1		1			
73		1				
74			1			
75				1		
76				1		
77				4		
78				1		
79				1		
80				1		
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3		5			
TOTAL DEP.	92		81			
TOTAL CLAIMS	96		86			